

were very well defined. Examining the literature, it is seen that our study includes the largest number of patients in identification of ADHD subtypes. There is a need for further studies on this subject with a greater number of cases. For further studies, we recommend the analysis of molecules involved in the regulation of iron homeostasis besides peripheral iron parameters.

Keywords: ADHD, ferritin, subtypes

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[Abstract:0426] ADHD

Evaluation of anger and aggression level in parents of children with attention deficit hyperactivity disorder

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Objective: Attention deficit hyperactivity disorder (ADHD) is one of the most common neuropsychiatric disorders of childhood which is characterized by hyperactivity, attention deficit and impulsivity. Children diagnosed with ADHD have academic problems, difficulties in peer relationship and frequent problems with their parents. In this study we aimed to assess the aggression and trait anger-anger expression levels in parents of children with ADHD and to investigate the relationship between symptoms of ADHD/oppositional defiant disorder and aggression and anger levels of parents.

Method: The study sample consisted of parents of 58 children between 6-14 ages diagnosed with ADHD. The healthy control group consisted of 54 healthy children's parents. Both ADHD and healthy control group were assessed with sociodemographic data form, Buss-Perry aggression questionnaire and trait anger expression inventory. Symptoms of ADHD in children were evaluated with the DSM-IV Based Behavior Disorders Screening and Rating Scale.

Results: The study group included parents of 45 boys and 13 girls. The healthy control group included parents of 36 boys and 14 girls. Maternal age ($p<0.001$), paternal age ($p<0.001$), maternal education level ($p<0.001$) had statistically significant difference; gender ($p=0.093$) and education level ($p=0.16$) of child and paternal education level ($p=0.17$) were statistically similar. Trait anger level in mothers of children with ADHD group (19.4 ± 5.2) was found higher than in mothers of the control group (17.8 ± 2.7). Anger control level of parents in children with ADHD (20.7 ± 5.8 , 21.6 ± 4.5) was found lower than in the control group (23.8 ± 4.6 , 24.1 ± 4.6) ($p=0.003$, $p=0.016$). Total aggression scores ($p=0.04$) and hostility subscale scores ($p=0.02$) of mothers in the study group obtained through the Buss-Perry aggression questionnaire were found higher than in mothers of healthy children. There were statistically significant positive correlations between physical and verbal aggression, anger and total aggression subscale scores of mothers in the ADHD group and Behavior Disorders Screening and Rating Scale attention subscale scores, verbal aggression and total aggression subscale scores and opposition defiance subscale scores. There were statistically negative correlations between physical and indirect aggression, anger and total aggression scores of fathers in ADHD group and behavior disorders screening and rating scale attention subscale scores; verbal aggression scores and behavior disorders screening and rating scale hyperactivity subscale scores. There were positive correlations only between trait anger level of mothers of children with ADHD and behavior disorders screening and rating scale attention deficit subscale scores.

Conclusion: In our study, for the ADHD group, trait anger and anger control levels of mothers, anger control levels of fathers and total aggression level of mothers were found to be higher than in the healthy group. Parents of children with ADHD should be aware of their emotion and behavior related to anger and aggression during the treatment of child.

Keywords: attention deficit hyperactivity disorder, aggression and anger expression, parent

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